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## AGENDA

### Joint Committee on Plan Structure and Design

### June 4, 2015 - 1:30 P.M.

### Rice Conference Room, Tompkins County Health Department

55 Brown Road, Ithaca, New York

1. Welcome
2. Approval of May 7, 2015 Minutes (1:35)
3. Chair's Report (1:40) Scott Weatherby
4. Board of Directors Report (1:45) Judy Drake
5. Joint Committee Organization Discussion (1:50)
  - a. Board Director from Labor Alternates
  - b. Proxy policy
  - c. Joint Committee membership
6. Executive Director Report (2:10) Don Barber
  - a. Dry run of Consortium Introduction presentation to labor units
  - b. June 12<sup>th</sup> @ 9 AM Retreat update
7. Continued Discussion of Gold and Silver Metal Plans (2:30) Locey
  - a. Drug co-pay effect on Actuarial Value
8. Presentation by Owing Your Own Health Committee (2:45) Cook/Barber
9. Next Meeting Agenda (2:55)
10. Adjournment (3:00)

Next Meeting: July 2, 2015



## MINUTES

**Greater Tompkins County Municipal Health Insurance Consortium  
Joint Committee on Plan Structure and Design  
May 7, 2015 – 1:30 p.m.**

draft

***Present:***

***Municipal Representatives: 8 members***

Judy Drake, Town of Ithaca and Board of Directors Chair; Betty Conger, Village of Groton; Schelley Michell Nunn, City of Ithaca; Herb Masser, Town of Enfield Jennifer Case, Town of Dryden; Laura Shawley, Town of Danby; Ruth Hopkins, Town of Lansing (arrived at 1:45 p.m.); Carissa Parlato, Town of Ulysses

***Municipal Representative via Proxy: 2***

Mack Cook, City of Cortland (Proxy – Judy Drake); Michael Murphy, Village of Dryden – (Proxy – Laura Shawley)

***Union Representatives: 7 members***

Tim Farrell, City of Ithaca DPW; Olivia Hersey, TC3 Professional Admin. Association; Tim Logue, City Executive Unit; Phil VanWormer, City of Ithaca Admin. Unit (arrived at 1:50 p.m.); Jon Munson, Town of Ithaca Teamsters; Steve Wright, Tompkins County CSEA Blue Collar; Derek Reynolds, City of Cortland Firefighters

***Union Representatives via Proxy: 6***

Scott Weatherby, TC3 Staff Unit (Proxy – Steve Wright); James Bower, IUOE Local 158, District 832 Bolton Point (Proxy – Jon Munson); Benjamin Locke, City of Cortland Police (Proxy – Derek Reynolds); Tom McCall – City of Cortland Wastewater (Proxy – Derek Reynolds); Larry Chase, TC3 Faculty Association (Proxy – Olivia Hersey); Tim Arnold, Town of Dryden DPW Teamsters (Proxy – Jen Case)

Two proxy forms were submitted designating Mr. Weatherby as the proxy; however, he was not in attendance. Those proxies were for Joe Call, City of Cortland CSEA and Jerry Wright, Village of Cayuga Heights Police

***Others in attendance:***

Don Barber, Executive Director; Judy Taber, Locey & Cahill; Matt Losty, Excellus; Ted Schiele, Tompkins County Health Department and member of the Owing Your Own Health Committee; Sharon Dovi, TC3 Human Resources

**Call to Order**

Mrs. Shawley, Vice Chair, called the meeting to order at 1:37 p.m.

### **Approval of Minutes of February 5, 2015 and April 2, 2015**

It was MOVED by Ms. Hersey, seconded by Ms. Drake, and unanimously adopted by voice vote by members present, to approve the minutes of the February 5 and April 2, 2015 meetings as submitted. MINUTES APPROVED.

### **Chair's Report**

Mrs. Shawley said one item of business the Committee needs to take up is the selection of a third labor representative to the Board of Directors.

It was MOVED by Mr. Wright, seconded by Mr. Reynolds, to nominate Olivia Hersey as the third labor representative to the Board of Directors. Mr. Bower was nominated by Mr. Munson. Mr. Barber noted municipal representatives do not participate in this election. He also stated Jim Bower has expressed interest in the position but was unable to attend the meeting. A vote by show of hands by labor was conducted at this time. Olivia Hersey received 10 votes; Jim Bower received 3 votes for being the third labor representative to the Board of Directors. Ms. Hersey was selected.

### **Report from the Executive Director**

Mr. Barber distributed copies of the 2014 Annual Report for the Consortium. He reported a benefit clerk recognition event was held this week to thank them for their work and to provide them with information about the Consortium.

### **Bronze Plan**

Mr. Barber said the Committee has been discussing the Bronze metal level plan at recent meetings and has looked at deductibles, co-pays, and the different levers the Consortium is able to work with. As a result of those discussions it was forwarded to the Audit and Finance Committee where it was discussed and no issues were brought forward. The Plan is scheduled to go to the Board of Directors this month for approval and following approval it will be presented to the Department of Financial Services for review.

Ms. Taber said the Bronze Plan has an Actuarial Value (AV) of 62% and is based on the Affordable Care Act plans that are offered in the marketplace for consumers or small groups. By having an AV of 62% it means the plan will cover on average 62% of the medical expenses incurred by the covered person. All of the plans have a maximum out-of-pocket amount that is to be paid before all expenses are covered at 100%. All metal plans cover preventive care services as defined in the ACA (Affordable Care Act) at 100% with no deductible and no out-of-pocket costs to a member. Ms. Taber said what differentiates plans are deductibles, co-pays and co-insurance amounts. All in and out of network services are covered but are covered at different levels. This is an additional option that will be available to municipalities to offer to employees. The Bronze Plan is the lowest level plan offered and has the lowest premium. All of the plans cover prescription drug with a relatively small co-pay.

The advantage to the Consortium of having this plan is that it would be an affordable option for those employees who have lower salaries and higher contribution rates but would cover their health care needs. Mr. Barber said starting in 2016 everyone has to have some level of health insurance coverage. This would provide an affordable alternative for employees who are working part-time and who are not covered under a collective bargaining unit and is an opportunity for both employer and employee to comply with the ACA.

Ms. Nunn said this plan could be attractive for an individual who does not have a lot of health issues as it would be a less expensive plan.

Ms. Dovi said TC3 has many adjunct faculty who would like to have this plan offered because the plans currently offered are not affordable to most part-time workers. Ms. Drake said there are municipalities that would like to consider joining the Consortium but are unable to because there currently is no plan offered that meets their needs. By making this plan available as an option within the Consortium's plan offerings there are municipalities that could become a participant in the Consortium.

It was MOVED by Ms. Drake, seconded by Ms. Conger, to approve adding the Bronze Metal Level Plan to the Consortium's menu of benefit plan offerings. By a vote by show of hands the Bronze Plan was approved by a vote of 12 in favor and 11 opposed. MOTION CARRIED.

### **Introduction of Gold and Silver Metal Level Plans**

Ms. Taber said the Platinum Plan which was approved has an AV of 90%; the Bronze Plan has an AV of 62%. The Gold and Silver plans fall between those levels with the Gold having an AV of 80% and the Silver Plan has an AV of 70%. She distributed information showing the differences between the Gold and Silver Plans. These would also be additional plan options that would be available to employers.

In response to a question by Mr. Reynolds, Ms. Taber said each plan uses a three-tier prescription model. She will provide information on what the plan would look like using the different tier models that currently exist within the Consortium.

### **Presentation of Health Management Report by Excellus**

Mr. Losty reviewed the Health Management Report for the period January 2, 2014 thru December 31, 2014 and paid through March 31, 2015.

During the review the following points were noted in changes from 2013:

- The average number of contracts was 2,270 in 2014 (0% change)
- The average number of members was 5,015 (-1%)
- The plan cost was up 2%
- The member cost was up 5%
- The total cost was up 1%
- The cost per contract per year was up 2%
- The plan cost per member per month was up by 3%
- The total cost per member per year was up 3%

Over the past four years, the plan cost per contract has increased by an average of 3% per year, which is well below healthcare trends of 7-9% annually.

The Consortium vs. a comparison population showed a plan cost per contract per year being 24% higher. This was 30% in 2012, so the plan is slowly getting closer to the comparison. The member cost per contract per year was 31% lower. Pharmacy plan costs increased from \$1,337 to \$12,421. Mr. Losty said there has been a shift from inpatient services to outpatient facilities, an increase driven by high claim activity: blood clotting treatments and injections for cancer treatment. There was also an increase in flu and shingles vaccines.

Mr. Losty reviewed cost distributions:

During the period 11% had claims of \$0; the comparison population was 17%. 4% of the population had claims greater than \$25,000; the comparison population was 4%. It was noted that 17% of members incurred 77% of the plan costs. The general rule is that 20% of the members incur 80% of the costs.

The number of members with \$0 is total costs: 576. Of those 62% were male, the average age was 35.9, 40% were subscribers and the average months on the plan within the period was 9.8. The number of members with greater than \$25,000 in plan costs was 154. Of those 52% were male, the average age was 52.7 years, and 56% were subscribers. The average months on the plan within the period was 11.6.

Mr. Losty reviewed utilization over prior year:

Inpatient admissions were 76 (1% decrease);

Average length of stay was 4.8 days (4% decrease);

Physician office visits were 4,624 (1% decrease);

Emergency room visits was 227 (5% increase)

Urgent Care visits were 2975, an increase from 2317 in 2013

There were 181 potentially avoidable emergency room visits with a potential savings of \$288,998.

Ms. Hersey questioned what change there has been in potentially avoidable emergency visits was from 2013. Mr. Losty noted that the potentially avoidable costs over the four-year period have declined substantially. He reviewed highlights and recommendations contained in the report:

- Plan Costs for the 2014 calendar year rose by 2%. Costs have been below trend each year for the past four years.
- Member cost share is substantially less than members in a similar industry. Slight increase to member cost share will assist in keeping plan costs down. The Platinum plan will be more closely aligned with comparison population.
- Emergency room utilization is 16% below the comparison for minor illness diagnoses, an suggests cost-effective consumer choices within the Consortium population.
- Promotion or urgent care centers, education, and benefit design, can all help to reduce minor illnesses in the emergency room.
- Consider Blue4U, a health awareness and preventive care program in which members complete a health profile and receive a worksite health evaluation. Participants will receive a personalized health report and have access to a private health management website.
- Consider the benefits of Excellus pharmacy benefit management.

### **Presentation by the Owing Your Own Health Committee**

This item was deferred to the next meeting.

### **New Business**

There was no new business.

**Old Business**

Ms. Hersey asked for a report on the status of the Recertification Process. Mr. Barber said all of the towns and villages are complete. The City of Ithaca and the County are still working to complete their process. He expects the Board will extend the deadline. The City of Cortland has a couple of outstanding employees to complete the process.

**Next Meeting Agenda Items**

Discussion of Silver and Gold Metal Level plans  
Presentation by Owning Your Own Health Committee  
Discussion of membership and addressing the quorum issue

**Adjournment**

The meeting adjourned at 2:55 p.m.

Respectfully submitted by Michelle Pottorff, Administrative Clerk

**Greater Tompkins County Municipal Health Insurance Consortium**  
**2015 Standard Platinum, Gold, Silver, and Bronze Plan Benefit Options**

Plan Benefit and Cost Sharing Highlights		Greater Tompkins County Municipal Health Insurance Consortium Standard Platinum Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Gold Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Silver Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Bronze Plan	
Cost Sharing		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	Individual	Not Applicable	\$500	\$500 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$1,000 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$3,500 Combined In-Network (Rx and Medical) and Out-of Network (Medical)	
	Family	Not Applicable	\$1,500	\$1,500 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$3,000 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$7,000 Combined In-Network (Rx and Medical) and Out-of Network (Medical)	
Out-of-Pocket Maximum <i>(Medical Plan Coinsurance and Copayments)</i>	Individual	\$2,000 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$3,000 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$4,200 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$6,350 Combined In-Network (Rx and Medical) and Out-of Network (Medical)	
	Family	\$6,000 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$9,000 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$12,600 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$12,700 Combined In-Network (Rx and Medical) and Out-of Network (Medical)	
Out-of-Pocket Maximum <i>(Rx Plan Copayments)</i>	Individual	\$2,000 Combined with Medical - See Note	Not Applicable	\$3,000 Combined with Medical - See Note	Not Applicable	\$4,200 Combined with Medical - See Note	Not Applicable	\$6,350 Combined with Medical - See Note	Not Applicable
	Family	\$6,000 Combined with Medical - See Note	Not Applicable	\$9,000 Combined with Medical - See Note	Not Applicable	\$12,600 Combined with Medical - See Note	Not Applicable	\$12,700 Combined with Medical - See Note	Not Applicable
Annual Maximum		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Preventive Health Care Services		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Well Child Visits and Immunizations		Covered In Full	Covered In Full	Covered In Full	Covered In Full	Covered In Full	Covered In Full	Covered In Full	Covered In Full
Adult Routine Physical Exams (1 Per Year)		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Adult Immunizations		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Routine Gynecological Exams		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Cervical Cytology Preventive		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Prostrate Cancer Screenings		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Mammography Preventive Facility and Professional		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Bone Density Testing Facility and Professional		\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Colonoscopy Screening Facility and Professional		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Family Planning Services		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Pre/Post Natal Care		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Inpatient Facility Benefits		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospital Benefits (unlimited days)		\$250 Copay	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Mental Health Care		\$250 Copay	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Mental Health Residential Care		\$250 Copay	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Substance Use Detoxification		\$250 Copay	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Substance Use Residential Care		\$250 Copay	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Skilled Nursing Facility (Limited to 45 Days Per Year In and Out-of Network)		\$250 Copay	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Inpatient Physical Rehabilitation (Limited to 60 Days Per Year In and Out-of-Network)		\$250 Copay	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Maternity Care		Covered In Full	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Routine Newborn Nursery Care		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Prosthetics - Implanted Devices		Covered In Full	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible

**Greater Tompkins County Municipal Health Insurance Consortium**  
**2015 Standard Platinum, Gold, Silver, and Bronze Plan Benefit Options**

<b>Plan Benefit and Cost Sharing Highlights</b>	<b>Greater Tompkins County Municipal Health Insurance Consortium Standard Platinum Plan</b>		<b>Greater Tompkins County Municipal Health Insurance Consortium Standard Gold Plan</b>		<b>Greater Tompkins County Municipal Health Insurance Consortium Standard Silver Plan</b>		<b>Greater Tompkins County Municipal Health Insurance Consortium Standard Bronze Plan</b>	
Mastectomy	\$250 Copay	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Observation Stay	\$150 Copay	20% After Deductible	\$250 Copay	40% After Deductible	\$250 Copay	40% After Deductible	20% After Deductible	40% After Deductible
<b>Inpatient Professional Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Inpatient Hospital Surgery	Covered In Full	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Anesthesia	Covered In Full	Covered In Full	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
In-Hospital Physician Visits and Consults	Covered In Full	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
<b>Outpatient Facility Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Surgical Centers and Free Standing Ambulatory Centers Surgical Care	\$150 Copay	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Pre-Admission / Pre-Operative Testing	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible
Diagnostic and Routine X-Rays	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Advanced Imaging Services	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Diagnostic and Routine Laboratory and Pathology	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible
Diagnostic Testing	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible
Radiation Therapy	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Chemotherapy	\$15 Copay	20% After Deductible	\$25 Copay	40% After Deductible	\$30 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Infusion Therapy	\$15 Copay	20% After Deductible	\$25 Copay	40% After Deductible	\$30 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Dialysis	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible
Injectable Drugs	\$15 PCP / \$25 Spec Copay	20% After Deductible	\$25 PCP / \$40 Spec Copay	40% After Deductible	\$30 PCP / \$50 Spec Copay	40% After Deductible	20% After Deductible	40% After Deductible
Mental Health Care	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Substance Use Care	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Substance Use Family Counseling	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Autism Applied Behavior Analysis	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Pulmonary Rehabilitation	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Cardiac Rehabilitation	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
<b>Home Care and Hospice Care</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Home Care (Limited to 40 Visits Per Year)	Covered In Full	20% After \$50 Deductible	Covered In Full	25% After \$50 Deductible	Covered In Full	25% After \$50 Deductible	20% After \$50 Deductible	25% After \$50 Deductible
Hospice Care Inpatient	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible
Hospice Care Outpatient	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible
Family Bereavement (Limited to 5 Visits Per Year)	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible
<b>Outpatient and Office Professional Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Outpatient Hospital and Ambulatory Surgery	Covered In Full	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Office Surgery	\$15 PCP / \$25 Spec Copay	20% After Deductible	\$25 PCP / \$40 Spec Copay	40% After Deductible	\$30 PCP / \$50 Spec Copay	40% After Deductible	20% After Deductible	40% After Deductible
Diagnostic X-Ray	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Routine X-Ray	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Advanced Imaging Services	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Diagnostic Laboratory and Pathology	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible

**Greater Tompkins County Municipal Health Insurance Consortium**

**2015 Standard Platinum, Gold, Silver, and Bronze Plan Benefit Options**

Plan Benefit and Cost Sharing Highlights	Greater Tompkins County Municipal Health Insurance Consortium Standard Platinum Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Gold Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Silver Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Bronze Plan	
Routine Laboratory and Pathology	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible
Radiation Therapy	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Chemotherapy	\$15 Copay	20% After Deductible	\$25 Copay	40% After Deductible	\$30 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Infusion Therapy	\$15 Copay	20% After Deductible	\$25 Copay	40% After Deductible	\$30 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Dialysis	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible
Injectable Drugs	\$15 PCP / \$25 Spec Copay	20% After Deductible	\$25 PCP / \$40 Spec Copay	40% After Deductible	\$30 PCP / \$50 Spec Copay	40% After Deductible	20% After Deductible	40% After Deductible
Mental Health Care	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Substance Use Treatment	\$0 PCP / \$25 Spec Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Maternity Care	Covered In Full	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Autism Applied Behavior Analysis	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Additional (Second) Surgical Opinion	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Second Medical Opinion for Cancer	\$25 Copay	20% After Deductible	\$25 PCP / \$40 Spec Copay	40% After Deductible	\$30 PCP / \$50 Spec Copay	40% After Deductible	20% After Deductible	40% After Deductible
Pulmonary Rehabilitation	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Office Visits - Diagnostic	\$15 PCP / \$25 Spec Copay	20% After Deductible	\$25 PCP / \$40 Spec Copay	40% After Deductible	\$30 PCP / \$50 Spec Copay	40% After Deductible	20% After Deductible	40% After Deductible
Medications Administration in Office	\$15 PCP / \$25 Spec Copay	20% After Deductible	\$25 PCP / \$40 Spec Copay	40% After Deductible	\$30 PCP / \$50 Spec Copay	40% After Deductible	20% After Deductible	40% After Deductible
Eye Exams Diagnostic	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Hearing Evaluation Diagnostic	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Chiropractic Care	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Allergy Testing	\$15 PCP / \$25 Spec Copay	20% After Deductible	\$25 PCP / \$40 Spec Copay	40% After Deductible	\$30 PCP / \$50 Spec Copay	40% After Deductible	20% After Deductible	40% After Deductible
Allergy Treatment including Serum	\$15 PCP / \$25 Spec Copay	20% After Deductible	\$25 PCP / \$40 Spec Copay	40% After Deductible	\$30 PCP / \$50 Spec Copay	40% After Deductible	Covered In Full	40% After Deductible
Hearing Evaluation Routine	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	Not Covered	40% After Deductible
Adult Hearing Aids	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Hearing Aid Age Limit	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Pediatric Hearing Aid	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Cochlear Implants	Covered In Full	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
<b>Rehab and Habilitation Services - Outpatient Facility</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Physical Rehabilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Occupational Rehabilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Speech Rehabilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Physical Habilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Occupational Habilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Speech Habilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible

**Greater Tompkins County Municipal Health Insurance Consortium**  
**2015 Standard Platinum, Gold, Silver, and Bronze Plan Benefit Options**

Plan Benefit and Cost Sharing Highlights	Greater Tompkins County Municipal Health Insurance Consortium Standard Platinum Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Gold Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Silver Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Bronze Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Rehab and Habilitation Services - Professional Services</b>								
Physical Rehabilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Occupational Rehabilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Speech Rehabilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Physical Habilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Occupational Habilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Speech Habilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
<b>Other Benefits</b>								
Treatment of Diabetes Insulin and Supplies	\$15 Copay	20% After Deductible	\$25 Copay	40% After Deductible	\$30 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Diabetic Education	\$15 Copay	20% After Deductible	\$25 Copay	40% After Deductible	\$30 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Diabetic Equipment	\$15 Copay	20% After Deductible	\$25 Copay	40% After Deductible	\$30 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Autism Assistive Communication Device	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Autologous Blood Banking	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Durable Medical Equipment (DME)	20% Coinsurance	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Mastectomy Prosthesis	Covered In Full	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Orthotics	20% Coinsurance	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Foot Orthotics	20% Coinsurance	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Prosthetic - External Benefit	20% Coinsurance	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Prosthetic - Wigs External Benefit	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Medical Supplies	20% Coinsurance	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Acupuncture	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Private Duty Nursing	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Emergency Services</b>								
Emergency Room Care - Facility (waived if admitted to hospital)	\$150 Copayment	\$150 Copayment	\$250 Copayment	\$250 Copayment	\$350 Copayment	\$350 Copayment	20% After Deductible	20% After Deductible
Emergency Room Care - Professional	Covered In Full	Covered In Full	Covered In Full	Covered In Full	Covered In Full	Covered In Full	Covered In Full	Covered In Full
Ambulance - Pre-Hospital Emergency Services Transportation (Ground)	\$150 Copayment	\$150 Copayment	\$250 Copayment	\$250 Copayment	\$350 Copayment	\$350 Copayment	20% After Deductible	20% After Deductible
Air Ambulance	\$150 Copayment	\$150 Copayment	\$250 Copayment	\$250 Copayment	\$350 Copayment	\$350 Copayment	20% After Deductible	20% After Deductible
Water Ambulance	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Urgent Care Center - Facility	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Urgent Care Center - Professional Services	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Urgent Care Office Visit	\$15 PCP / \$25 Spec Copay	20% After Deductible	\$25 PCP / \$40 Spec Copay	40% After Deductible	\$30 PCP / \$50 Spec Copay	40% After Deductible	20% After Deductible	40% After Deductible
<b>Vision Benefits</b>								
Adult Routine Vision Exam (1 Per Year)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	Not Covered	Not Covered
Adult Eyewear	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Routine Vision Exam (1 Per Year Children Less Than 19 Years Old)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	Not Covered	Not Covered
Pediatric Eyewear	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

**Greater Tompkins County Municipal Health Insurance Consortium**  
**2015 Standard Platinum, Gold, Silver, and Bronze Plan Benefit Options**

Plan Benefit and Cost Sharing Highlights	Greater Tompkins County Municipal Health Insurance Consortium Standard Platinum Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Gold Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Silver Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Bronze Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Dental Benefits</b>								
Adult Dental Care	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental: Preventive and Routine	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental - Emergency Care	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental - Preventive	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental - Routine	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental - Endodontic	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental - Prosthodontics	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental - Orthodontics	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Prescription Drug Benefits</b>								
Retail Pharmacy (limited to a 30-day supply)	Tier 1 \$10	Not Covered	Tier 1 \$5	Not Covered	Tier 1 \$5	Not Covered	Tier 1 \$5	Not Covered
	Tier 2 \$30	Not Covered	Tier 2 \$35	Not Covered	Tier 2 \$45	Not Covered	Tier 2 \$35	Not Covered
	Tier 3 \$50	Not Covered	Tier 3 \$70	Not Covered	Tier 3 \$90	Not Covered	Tier 3 \$70	Not Covered
Mail-Order Pharmacy (limited to a 90-day supply)	Tier 1 \$30	Not Covered	Tier 1 \$10	Not Covered	Tier 1 \$10	Not Covered	Tier 1 \$10	Not Covered
	Tier 2 \$90	Not Covered	Tier 2 \$70	Not Covered	Tier 2 \$90	Not Covered	Tier 2 \$70	Not Covered
	Tier 3 \$150	Not Covered	Tier 3 \$140	Not Covered	Tier 3 \$180	Not Covered	Tier 3 \$140	Not Covered
\$0 Generics for Children Less Than 19 Years of Age	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered
MAC Penalty (Mandatory Generic Substitution)	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered
Step Therapy	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered
Prior Authorization	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered
Generic Oral Contraceptives - Covered In Full	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered
Mandatory Mail-Order for Maintenance Medications	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<b>Monthly Premium Rates</b>	<b>Individual</b>	<b>Subscriber and Spouse</b>	<b>Individual</b>	<b>Subscriber and Spouse</b>	<b>Individual</b>	<b>Subscriber and Spouse</b>	<b>Individual</b>	<b>Subscriber and Spouse</b>
2015 Fiscal Year	\$540.75	Not Applicable		Not Applicable		Not Applicable		Not Applicable
	<b>Subscriber and Children</b>	<b>Family</b>	<b>Subscriber and Children</b>	<b>Family</b>	<b>Subscriber and Children</b>	<b>Family</b>	<b>Subscriber and Children</b>	<b>Family</b>
	Not Applicable	\$1,405.95	Not Applicable		Not Applicable		Not Applicable	
Wellness Plan Included	YES		YES		YES		YES	
Health Savings Account Eligible	NO		NO		NO		YES	

\* The benefits outlined above are a summary of the benefits for the 2015 Fiscal Year and are subject to change to keep the overall benefit equal to an ACA Platinum, Gold, Silver, or Bronze Level each year.

\* Please refer to the actual insurance certificate or plan document for a detailed description of what is covered under this health insurance plan.